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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIDMATION
09/937,130	01/29/2002	Taku Ishizawa	Q66313	CONFIRMATION NO.
Sughrue Mion Zinn Macpeak & Seas 2100 Pennsylvania Avenue NW Washington, DC 20037-3213			EXAMINER VO, ANH T N	
			ART UNIT	PAPER NUMBER
•			2861	
			DATE MAILED: 05/18/2004	· •

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)			
Interview Summary	09/937,130	ISHIZAWA ET AL.			
	Examiner	Art Unit			
	Anh t.n. Vo	2861			
All participants (applicant, applicant's representative, PT	O personnel):				
(1) <u>Anh t.n. Vo</u> .	(3)				
(2) <u>Jason Beckstead</u> .	(4)				
Date of Interview: 12 May 2004.					
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's represent	entative]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)∐ No.				
Claim(s) discussed: All of the record.					
Identification of prior art discussed: All the claims remain readable on the Kimura et al. and Childer et al. references.					
Agreement with respect to the claims f) was reached.					
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments:					
(A fuller description, if necessary, and a copy of the amendallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached.	CODV Of the amendments	ner agreed would render the claims that would render the claims			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.					
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	PR	ANH T.N. VO IMARY EXAMINER			
Examiner Note: You must sign this form unless it is an					
Attachment to a signed Office action.	Examiner's	Examiner's signature, if required			

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